

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/831301

FILING DATE

08 MAY 2001

APPLICANT

Lilienthal

537 CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      | /                      |      | /                      |      |
| 2            |          |      | /                      |      | /                      |      |
| 3            |          |      | /                      |      | /                      |      |
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| 11           |          |      | /                      |      | /                      |      |
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| 13           |          |      | /                      |      | /                      |      |
| 14           |          |      | /                      |      | /                      |      |
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| 17           |          |      | /                      |      | /                      |      |
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| 20           |          |      | /                      |      | /                      |      |
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| 22           |          |      | /                      |      | /                      |      |
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| 40           |          |      | /                      |      | /                      |      |
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| 44           |          |      | /                      |      | /                      |      |
| 45           |          |      | /                      |      | /                      |      |
| 46           |          |      | /                      |      | /                      |      |
| 47           |          |      | /                      |      | /                      |      |
| 48           |          |      | /                      |      | /                      |      |
| 49           |          |      | /                      |      | /                      |      |
| 50           |          |      | /                      |      | /                      |      |
| TOTAL IND.   |          |      | 28                     |      | 17                     |      |
| TOTAL DEP.   |          |      | 7                      |      | 28                     |      |
| TOTAL CLAIMS |          |      | 32                     |      | 45                     |      |

|              | IND. |      | DEP. |      | IND. |      | DEP. |      | IND. |      | DEP. |      |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |      |      |      |      |      |      |      |      |
| 52           |      |      |      |      |      |      |      |      |      |      |      |      |
| 53           |      |      |      |      |      |      |      |      |      |      |      |      |
| 54           |      |      |      |      |      |      |      |      |      |      |      |      |
| 55           |      |      |      |      |      |      |      |      |      |      |      |      |
| 56           |      |      |      |      |      |      |      |      |      |      |      |      |
| 57           |      |      |      |      |      |      |      |      |      |      |      |      |
| 58           |      |      |      |      |      |      |      |      |      |      |      |      |
| 59           |      |      |      |      |      |      |      |      |      |      |      |      |
| 60           |      |      |      |      |      |      |      |      |      |      |      |      |
| 61           |      |      |      |      |      |      |      |      |      |      |      |      |
| 62           |      |      |      |      |      |      |      |      |      |      |      |      |
| 63           |      |      |      |      |      |      |      |      |      |      |      |      |
| 64           |      |      |      |      |      |      |      |      |      |      |      |      |
| 65           |      |      |      |      |      |      |      |      |      |      |      |      |
| 66           |      |      |      |      |      |      |      |      |      |      |      |      |
| 67           |      |      |      |      |      |      |      |      |      |      |      |      |
| 68           |      |      |      |      |      |      |      |      |      |      |      |      |
| 69           |      |      |      |      |      |      |      |      |      |      |      |      |
| 70           |      |      |      |      |      |      |      |      |      |      |      |      |
| 71           |      |      |      |      |      |      |      |      |      |      |      |      |
| 72           |      |      |      |      |      |      |      |      |      |      |      |      |
| 73           |      |      |      |      |      |      |      |      |      |      |      |      |
| 74           |      |      |      |      |      |      |      |      |      |      |      |      |
| 75           |      |      |      |      |      |      |      |      |      |      |      |      |
| 76           |      |      |      |      |      |      |      |      |      |      |      |      |
| 77           |      |      |      |      |      |      |      |      |      |      |      |      |
| 78           |      |      |      |      |      |      |      |      |      |      |      |      |
| 79           |      |      |      |      |      |      |      |      |      |      |      |      |
| 80           |      |      |      |      |      |      |      |      |      |      |      |      |
| 81           |      |      |      |      |      |      |      |      |      |      |      |      |
| 82           |      |      |      |      |      |      |      |      |      |      |      |      |
| 83           |      |      |      |      |      |      |      |      |      |      |      |      |
| 84           |      |      |      |      |      |      |      |      |      |      |      |      |
| 85           |      |      |      |      |      |      |      |      |      |      |      |      |
| 86           |      |      |      |      |      |      |      |      |      |      |      |      |
| 87           |      |      |      |      |      |      |      |      |      |      |      |      |
| 88           |      |      |      |      |      |      |      |      |      |      |      |      |
| 89           |      |      |      |      |      |      |      |      |      |      |      |      |
| 90           |      |      |      |      |      |      |      |      |      |      |      |      |
| 91           |      |      |      |      |      |      |      |      |      |      |      |      |
| 92           |      |      |      |      |      |      |      |      |      |      |      |      |
| 93           |      |      |      |      |      |      |      |      |      |      |      |      |
| 94           |      |      |      |      |      |      |      |      |      |      |      |      |
| 95           |      |      |      |      |      |      |      |      |      |      |      |      |
| 96           |      |      |      |      |      |      |      |      |      |      |      |      |
| 97           |      |      |      |      |      |      |      |      |      |      |      |      |
| 98           |      |      |      |      |      |      |      |      |      |      |      |      |
| 99           |      |      |      |      |      |      |      |      |      |      |      |      |
| 100          |      |      |      |      |      |      |      |      |      |      |      |      |
| TOTAL IND.   |      |      |      |      |      |      |      |      |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |      |      |      |      |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |      |      |      |      |      |      |      |      |

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |  |        |                          |        |                           |        | Application Number<br><div style="font-size: 1.2em; font-family: cursive;">09/831,301</div> |        | Filing Date               |        |
|--|--|--------|--------------------------|--------|---------------------------|--------|---|--------|---------------------------|--------|
|  |  |        |                          |        |                           |        | Applicant(s)  |        |                           |        |
| * May be used for additional claims or amendments  |  |        |                          |        |                           |        |   |        |                           |        |
| CLAIMS   | AS FILED<br><div style="font-size: 0.8em;">12-1501</div> |        | AFTER FIRST<br>AMENDMENT |        | AFTER SECOND<br>AMENDMENT |        | AFTER THIRD<br>AMENDMENT  |        | AFTER FOURTH<br>AMENDMENT |        |
|  | Indep  | Depend | Indep                    | Depend | Indep                     | Depend | Indep   | Depend | Indep                     | Depend |
| 1  |  |        |                          |        |                           |        |   |        |                           |        |
| 2  |  |        |                          |        |                           |        |   |        |                           |        |
| 3  |  |        |                          |        |                           |        |   |        |                           |        |
| 4  |  |        |                          |        |                           |        |   |        |                           |        |
| 5  |  |        |                          |        |                           |        |   |        |                           |        |
| 6  |  |        |                          |        |                           |        |   |        |                           |        |
| 7  |  |        |                          |        |                           |        |   |        |                           |        |
| 8  |  |        |                          |        |                           |        |   |        |                           |        |
| 9  |  |        |                          |        |                           |        |   |        |                           |        |
| 10   |  |        |                          |        |                           |        |   |        |                           |        |
| 11   |  |        |                          |        |                           |        |   |        |                           |        |
| 12   |  |        |                          |        |                           |        |   |        |                           |        |
| 13   |  |        |                          |        |                           |        |   |        |                           |        |
| 14   |  |        |                          |        |                           |        |   |        |                           |        |
| 15   |  |        |                          |        |                           |        |   |        |                           |        |
| 16   |  |        |                          |        |                           |        |   |        |                           |        |
| 17   |  |        |                          |        |                           |        |   |        |                           |        |
| 18   |  |        |                          |        |                           |        |   |        |                           |        |
| 19   |  |        |                          |        |                           |        |   |        |                           |        |
| 20   |  |        |                          |        |                           |        |   |        |                           |        |
| 21   |  |        |                          |        |                           |        |   |        |                           |        |
| 22   |  |        |                          |        |                           |        |   |        |                           |        |
| 23   |  |        |                          |        |                           |        |   |        |                           |        |
| 24   |  |        |                          |        |                           |        |   |        |                           |        |
| 25   |  |        |                          |        |                           |        |   |        |                           |        |
| 26   |  |        |                          |        |                           |        |   |        |                           |        |
| 27   |  |        |                          |        |                           |        |   |        |                           |        |
| 28   |  |        |                          |        |                           |        |   |        |                           |        |
| 29   |  |        |                          |        |                           |        |   |        |                           |        |
| 30   |  |        |                          |        |                           |        |   |        |                           |        |
| 31   |  |        |                          |        |                           |        |   |        |                           |        |
| 32   |  |        |                          |        |                           |        |   |        |                           |        |
| 33   |  |        |                          |        |                           |        |   |        |                           |        |
| 34   |  |        |                          |        |                           |        |   |        |                           |        |
| 35   |  |        |                          |        |                           |        |   |        |                           |        |
| 36   |  |        |                          |        |                           |        |   |        |                           |        |
| 37   |  |        |                          |        |                           |        |   |        |                           |        |
| 38   |  |        |                          |        |                           |        |   |        |                           |        |
| 39   |  |        |                          |        |                           |        |   |        |                           |        |
| 40   |  |        |                          |        |                           |        |   |        |                           |        |
| 41   |  |        |                          |        |                           |        |   |        |                           |        |
| 42   |  |        |                          |        |                           |        |   |        |                           |        |
| 43   |  |        |                          |        |                           |        |   |        |                           |        |
| 44   |  |        |                          |        |                           |        |   |        |                           |        |
| 45   |  |        |                          |        |                           |        |   |        |                           |        |
| 46   |  |        |                          |        |                           |        |   |        |                           |        |
| 47   |  |        |                          |        |                           |        |   |        |                           |        |
| 48   |  |        |                          |        |                           |        |   |        |                           |        |
| 49   |  |        |                          |        |                           |        |   |        |                           |        |
| 50   |  |        |                          |        |                           |        |   |        |                           |        |
| Total  |  |        |                          |        |                           |        |   |        |                           |        |
| Indep  |  |        |                          |        |                           |        |   |        |                           |        |
| Total  |  |        |                          |        |                           |        |   |        |                           |        |
| Depend   |  |        |                          |        |                           |        |   |        |                           |        |
| Total  |  |        |                          |        |                           |        |   |        |                           |        |
| Claims   |  |        |                          |        |                           |        |   |        |                           |        |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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